

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE								
							APPLICANT(S)									
							CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT												
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	IND	DEP
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48																
49																
50																
TOTAL IND.									TOTAL IND.				TOTAL IND.			
TOTAL DEP.									TOTAL DEP.				TOTAL DEP.			
TOTAL CLAIMS									TOTAL CLAIMS				TOTAL CLAIMS			

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106
42
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